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Alcimedes

The UK Health Protection Agency published an update regarding infections among injecting drug users in the UK in 2008 (Shooting Up. *HPA* , October 2009; www.hpa.org.uk) which states that overall around two-fifths of injecting drug users (IDUs) are now infected with hepatitis C and about one in 73 with HIV. However the prevalence varies depending on the area of England and Wales with one in 20 HIV infected IDUs in London compared with one in 91 outside. One third of those IDUs with HIV remain unaware of their infection. Around one in six IDUs had been infected with hepatitis B in 2008 though there has been a marked increase in the number receiving the hepatitis B vaccine. Injecting site infections are common as are the more risky behaviours of injecting into the groin and injection of crack/cocaine. Forensic physicians working in the custodial environment can provide health checks to IDUs, including providing treatment of infected injection sites and also ensuring that IDUs are referred to arrest referral workers, where available, or to local drug treatment services and/or general practitioners for a range of treatment services such as consideration of vaccinations with hepatitis A and B and tetanus where appropriate.

Independent Sexual Violence Advisors (ISVAs) were introduced in 2006 to provide advice and support to victims at the point of crisis and beyond; supporting victims through the criminal justice system if required; giving information about the process and liaising with partner agencies in a multi-agency context providing 'institutional advocacy'. A qualitative study (Research Report 20. *Home Office*, November 2009; www.homeoffice.gov.uk) has looked at how ISVAs have been implemented in two distinct settings Sexual Assault Referral Centres (SARC) and voluntary sector organisations and concluded that the advisors provided added value. However for future commissioning it will be important that there is not a duplication of the role with Victim Support and Witness Services in court. Furthermore there should be an accredited training programme for ISVAs and standardised collection tools to provide regular monitoring information.

The *American College of Emergency Physicians* has published a White Paper on Excited Delirium Syndrome (September 10 2009; www.acep.org) that concludes excited delirium is a real syndrome of uncertain aetiology. It is characterised by delirium, agitation, and hyperadrenergic autonomic dysfunction typically in the setting of acute-on-chronic drug abuse or serious mental illness. There may be an unidentified subset of individuals in whom death could be averted with early directed therapeutic intervention. Stimulant drug use – cocaine, methamphetamine and PCP have a well established association but there is often an association with persons with psychiatric illness who have abruptly stopped their psychotherapeutic medications raising the question of whether the behavioural changes represent a withdrawal syndrome from the medication or re-occurrence of the underlying disease. A useful sign is the tactile temperature which is significantly elevated. The paper outlines other conditions that cause altered mental state using a couple of useful mnemonics e.g. "AEIOU TIPS" A = Alcohol; E = Endocrine, Encephalopathy, Electrolytes; I = Insulin (hypoglycaemia); O = Oxygen (hypoxia), Opiates (drugs of abuse); U = Uraemia; T = Toxins, Trauma, Temperature; I = Infection; P = Psychiatric, Porphyria; S = Stroke, Shock, Subarachnoid haemorrhage, Space-occupying CNS lesion.

Great problems are encountered in proving cases in court involving driving under the influence of cannabis though it is well known that cognitive and psychomotor performance may be impaired whilst under the influence of the drug. A recent paper in *Addiction* (2009; 104: 2041–2048) aimed to quantify the blood delta nine tetrahydrocannabinol (THC) concentrations in chronic cannabis users over seven days of continuous monitored abstinence. The authors concluded that substantial whole blood THC concentrations persist multiple days after drug discontinuation. As it is currently unknown whether neurocognitive impairment occurs with low blood THC concentrations these findings may impact on the implementation of *per se* limits in driving under the influence of drugs legislation.

Naloxone, an opiate antagonist, can be lifesaving in cases of heroin overdose a major cause of death in many countries. The drug is usually given intramuscularly (IM) and/or intravenously (IV) but because injecting drug users are often infected with blood–borne viruses there has been interest in the administration of naloxone by the intranasal route (IN). This route of administration would reduce the potential for needle stick injuries as well as allowing peer and non-health professional administration. Kerr et al. (*Addiction* 2009 104; 2067–2074) have reported usage in the pre-hospital setting. Concentrated intranasal naloxone reversed heroin overdose successfully in 82% of patients. Time to adequate response was the same for IN or IM routes suggesting that the IN route of administration is of similar effectiveness to the IM route as a first-line treatment for heroin overdose.

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